efficient methods, to contain popula- ; tion growth in the country within manageable limlits; and

(b) if so, what are the details of , the review made in this regard?

THE MINISTER Or STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (('CUM ART SAROJ KHAPARDE); (a) and (b) For .achieving the targetted ; reaching NRR of Unity by 2000 A.D. j as laid down in the National Health Policy and based on th_e progress made during 6th Plan, the 7th Plan I lay^ stress on the following aspects activities of the Family Welfare Pro- i gramme:

Improvement in the effki: ncy - flcttiveness in the programme infrastructure.

(2) Greater emphasis on spacing methods particularly with reference to younger age group couple*;

("8) Special campaign to remove bh- against female child;en;

(4) Propagation and enforce ment Of law relating to marriage;

(5) Special attention to States .. with law couple protection rates and special focus on urban s'ums, backward and tribal aress nnd il poor;

(6) Special programme for cities I with population more than one million;

(7) (Greater involvement of ..voluntary organisations in the Family Welfare Programme.

(8) Formation of Village Health Committees and Mahila Mandals i_n aR villages.

In o"der to achieve the objectives of the Seventh Plan, we have a multi-pronged strategy which is constantly reviewed. This stratagy emphasis on optimal use of infrastructure reated; involvement of voluntary orgen'sa-*;or><;. imsroving qualMy *of* services; enhancing child survival; strengthening of information; education and aaunicatio.:; promotion of temporary contraceptive methods etc.

nethods of Family Planning are sterilisation; IUD inser-of C.C. and O.P. Continuousresearch is going $_0$ to develop newcontraceptives and improving the efficacy of th§ existing methods. On. of the research findingsintroduction of Nor-Plant II andreman ^{n} *the* Programme hoMsgood promises. Further research in this direction in going on.

Debate on the perspective Plan for Women

1910. SHRI CHANDRIKA PRA-SAD TRIPATHI: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to tote:

(a) whether Government propose t_0 undertake a nation wide debate On the perspective plan for , w a_3 suggested recently by representatives of some women's organisations; and

(b) if so, what are the details there of?

THE MINISTER OF STATE IN "THE DEPARTMENTS OF YOUTH AFFAIRS AND SPORTS AND WOMEN AND CHILD DEVELOPMENT IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (•SHRIMATI MARGARET ALVA): (a) and fb) The draft National Perspective Plan for Women 1988-2000 wa_s discussed -at the mee+ins of the National Committor for Women in May 1988 followed by detailed study in working groups of the Committee.

A Conference of Chairperson^ of the State Social Welfare Advisory Boards was held in June 1988 to discuss the draft Plan. A large number of national and gress root level vo^n-tary organisat'ons were also involved in the discussions.

A Conference ff Ministers and Secretaries incharge of Women's Development of States and Union Territo-ries hold in July 1938 to dfecuss the draft plan, has unanimously endorsed it-

A meeting of Worae$_n$ MP$_S$ is being convened to discuss the draft Pers- . peciive Plan, and a meeting of the Consultative Committee attached to " the HRD Ministry will also be held to discuss the draft Plan.

The draft Plan has bee-} freely distributed to interested persons/organisations to elicit comments and recommendations.

The draft National Perspective Plan "is being finalized taking into account the views of the State Governments, State Social Welfare Advisory Boards, voluntary, organisations and representatives of women's interests, etc.

Ban on sale and use of non-iodised salt In Delhi

1911. DR. BAPU KALDATE;
SHRI YASHWANT SINHA:
SHRI M. S. GURUPADASWAMY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government have directed the Delhi Administration to ban sale and use of non-iodised salt,

(b) if so, what are the reasons therefor; and

(c) whether Government have given adequate assistance in maintaining sufficient suoply of iodised salt to Delhi Adiminstration?

THE MINISTER OF STATE IN THE iTVSTNTSTRY OF HEALTH AND FAMILY WELFARE (KUMARI SA-ROJ KHAPARDE): (a) and Ob) Yes. Surveys conducted by the Directorate General of He3Hh Services. AU India Institute of Medical Sciences, Ne·*r Delhi and Institute of Nuclear Medicine and Allied Sciences have revealed th$_9$ prevalence of Goitre and other Iodine Deficiency D borders amon? different segments of population in Delhi.

In order to control th$_e$ problem of Goitre and other associated Iodine Deficiency Disorders, the Government of India have advised the Delhi Administration to ban sale of salt other than iodised salt under the Prevention of Food Adulteration Act.

(c) Adequate quantity of iodised salt is being provided to the Union Territory of Delhi under the National Goitre Control Programme. During 1987-83 a quantity of 1.22 lakh MT of' ' iodised salt was supplied against an estimated annual requirement of 42,800 tonnes, to Delhi.

Blindness caused by diabetes

1912. SHRI DAYANAND SAHAY:
DR. (SHRIMATI) SAROJINI ,MAHISHI:
SHRI B. SATYANARAYAN REDDY:

Will the Minister of HEALTH ANO FAMILY WELFARE be pleased to refer to answer to Unstarred Question 155 given in the Rajya Sabha on the 27th July, 1988 and s^{v}ate:

(a) whether it is a fact that diabetes is also one of the causes which leads to blindness;

Ob) what are the other causes which lead to blindness;

(::) whethe:: control of diabetes is "overed 'under the National Health Programme;

(d) if so, whether it is a fact that this disease was covered under Na tional Health Programme when the list of drugs needed for the disease un^or the Programme was finalised an'", sent for price control;

(e) if so, names of drugs recommended for price control under this disease;

(f) when was this disease removed from National Health Programme, alongwith the reasons; and

Og) what is the total number of cases of diabetes in the country and